

RURAL DISTRICT OF SALISBURY AND WILTON

**Annual Report**  
**of The Medical Officer of Health**

INCORPORATING

**The Report of The Chief Sanitary Inspector**

FOR THE YEAR 1953



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**RURAL DISTRICT OF SALISBURY AND WILTON  
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
INCORPORATING THE REPORT OF THE CHIEF SANITARY INSPECTOR  
FOR THE YEAR 1953**

To the Chairman and Councillors of the Rural District of Salisbury and Wilton.

Gentlemen,

I have the honour to present the annual report on the public health of the District during 1953. Although I did not hold office as Medical Officer of Health during any part of the year, and did not assume appointment until November 1954, my presentation of the Report for 1953 is necessitated by the regrettable decease in September 1953, after a sudden exacerbation of illness, of your Medical Officer of Health, Dr. G. Napier.

Under the circumstances, the first part of this report is necessarily brief, and is largely concerned with the vital statistics for the year and my comments thereon. Other matters are briefly commented on.

The report of your Chief Sanitary Inspector, Mr. J. A. Furley, is incorporated, and provides detailed information in regard to sanitary circumstances in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and of other colleagues, without which assistance the preparation of this report would not have been possible.

I have the honour to be, Gentlemen,

Your obedient Servant,

10th *December*, 1954.

F. JOHN G. LISHMAN.

**STAFF OF THE PUBLIC HEALTH DEPARTMENT**

*Medical Officer of Health* : G. NAPIER, B.Sc. (Hons.), M.B., Ch.B., D.P.H., C.T.M., and H.  
(Deceased, September 1953).

Appointment vacant until November 1954, on appointment of :

F. J. G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London),  
L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).

(The Medical Officer of Health is also Medical Officer of Health to the Mere and Tisbury Rural District Council and to the Borough of Wilton).

Chief Sanitary Inspector : J. A. FURLEY, M.R.S.I., M.S.I.A.

Sanitary Inspectors : H. SHARRATT, M.S.I.A.  
R. P. BATTEN, M.R.S.I., M.S.I.A.

Clerk of Works—Housing : J. H. RIDEOUT

Rodent Operator : R. H. COOMBS

Clerk : R. A. COOMBS

Clerk and Stenographer : Miss Y. OFFER.

**GENERAL STATISTICS**

Number of Parishes	..	..	..	..	..	..	..	..	32
Area in Acres	..	..	..	..	..	..	..	..	107,424
Population, 1951 Census	..	..	..	..	..	..	..	..	18,020
Population, Registrar General's Estimate for mid 1953	..	..	..	..	..	..	..	..	17,790
Density of population—people per acre	..	..	..	..	..	..	..	..	0.16
Number of inhabited houses or flats	..	..	..	..	..	..	..	..	5,625
Rateable Value	..	..	..	..	..	..	..	..	£85,159
Product of a penny rate	..	..	..	..	..	..	..	..	£372

## VITAL STATISTICS

**TABLE I—BIRTHS AND BIRTH RATE**

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	174	134	308
Illegitimate	8	10	18
Total	182	144	326
STILL BIRTHS—Legitimate	7	2	9
Illegitimate	0	0	0
Total	7	2	9

“Comparability Factor” for Births—(to compensate for age and sex distribution of the local population so that the birth rate can be compared with rate for England and Wales and similarly adjusted birth rates in other areas .. .. . 1.05

Birth rate as adjusted by “Comparability Factor” .. .. . 19.2

Birth rate for England and Wales .. .. . 11.4

The adjusted birth rate shows a substantial increase over that for 1952 (16.6) and is high compared with the country as a whole.

**TABLE II—DEATHS AND DEATH RATES**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of Deaths .. .. .	89	76	165
Crude death rate, per 1,000 population .. .. .			9.3
Comparability Factor for Deaths .. .. .			0.83
(The comparability factor, being substantially less than unity indicates that the population of the district is more elderly than that of the Country as a whole)			
Death Rate as adjusted by Comparability factor .. .. .			7.7
Death rate for England and Wales, for comparison .. .. .			11.4

The death rate for the area is therefore low, both as compared with that for England and Wales, and also with that for the District for 1952 (9.3).

### NATURAL INCREASE

Increase of Births over Deaths for 1953 .. .. .	161
Rate of Natural Increase per 1,000 of Population .. .. .	9

**TABLE III—INFANT MORTALITY**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
INFANT DEATHS—Under 4 weeks old :			
Legitimate .. .. .	1	1	2
Illegitimate .. .. .	—	—	—
Total .. .. .	1	1	2
Under 1 year old :			
Legitimate .. .. .	1	1	2
Illegitimate .. .. .	—	—	—
Total .. .. .	1	1	2



# INFANT MORTALITY RATES (per 1,000 live births)

Neonatal (under 4 weeks old) .. .. .	7.3
General Infant Mortality Rate (under 1 year old) ..	7.3
General Infant Mortality Rate England and Wales for comparison .. .. .	27.0

The infant mortality rate of 27.0 for England and Wales in 1953 was a record low rate.

That for the District is little more than a quarter of that rate. The local rate is however liable to be heavily influenced by the local birth rate. If there are exceptionally many babies born in a year, and if there were fewer born the previous year, then the proportion of babies dying under one year old during the current year is apt to be abnormally low. Similarly, a large population of babies born during the latter part of the current year may give an unduly low infant mortality rate, probably at the expense of the rate for the next year. One must not, therefore, be discouraged if the figures for 1954 show a swing towards a higher infant mortality rate.

It is of interest that in 1953, however, the infant deaths that occurred did so during the most vulnerable period, the first four weeks of life, so that the "neonatal" and the total infant mortality rates are the same.

These rates are often, and rightly, considered to be one of the statistical indices, inversely, of the state of health and of economic prosperity of a district. Similarly, though to a somewhat less extent, certain other "specific" death rates may be regarded as inverse indices of well being. These are quoted in the following table :

**TABLE IV—Certain "Specific" Death Rates of Inverse "Health Index" Value** (Rates are per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes) .. .. .	2
Tuberculosis Death Rate .. .. .	0.11
Tuberculosis Death Rate, England and Wales for comparison .. .. .	0.22
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion) .. .. .	1
Maternal Mortality Rate—per 1,000 live and still births .. .. .	3.6
Maternal Mortality Rate—England and Wales for comparison .. .. .	0.75
(3) Death from Cancer and related malignant diseases .. .. .	22
Cancer death rate .. .. .	1.2
(4) Deaths from Heart Disease and other disease of the circulatory system .. .. .	86
Specific death rate from Heart Disease and other disease of the circulatory system .. .. .	4.8
(5) Deaths from Accidents and Violence .. .. .	8
Death Rate from Accidents and Violence .. .. .	0.28

Certain of these specific "index" mortality rates are analysed, or broken down, in the following Table V, but on the whole these "inverse indices" of the state of health of the community are satisfactory. All are on the low side except the rate for "heart disease and other disease of the circulatory system," which constitutes half the total death rate of the district.

## ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together into "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this district into seven such groups, labelled "A" to "G," as set out on Table V.

TABLE V—ANALYSIS OF CAUSES OF DEATH

					Male	Female	Total	Rate per 1,000
<b>Group A—Certain Communicable Diseases</b>								
1.	Tuberculosis—Respiratory	..	..	..	1	1	2	0.11
2.	Tuberculosis—Other	..	..	..	0	0	0	
3.	Syphilitic Disease	..	..	..	0	0	0	
4.	Diphtheria	..	..	..	0	0	0	
5.	Whooping Cough	..	..	..	0	0	0	
6.	Meningococcal Infections	..	..	..	0	0	0	
7.	Poliomyelitis	..	..	..	0	0	0	
8.	Measles	..	..	..	0	0	0	
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonias)	..	..	..	0	0	0	
	Total Group A	..	..	..	1	1	2	0.11
<b>Group B—Cancer and related malignant Diseases</b>								
10.	Malignant Neoplasm—Stomach	..	..	..	3	2	5	
11.	„ „ Lung or Bronchus	..	..	..	2	1	3	
12.	„ „ Breast	..	..	..	0	2	2	
13.	„ „ Uterus	..	..	..	0	2	2	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	6	4	10	
15.	Leukaemia or Aleukaemia	..	..	..	0	0	0	
	Total Group B	..	..	..	11	11	22	1.2
<b>Group C—Diabetes</b>								
16.	Diabetes	..	..	..	0	2	2	0.11
<b>Group D—Heart and Other Diseases of Circulatory System</b>								
17.	Vascular Lesions of Nervous System	..	..	..	11	9	20	
18.	Coronary Disease or Angina	..	..	..	11	6	17	
19.	Hypertension with Heart Disease	..	..	..	0	1	1	
20.	Other Heart Diseases	..	..	..	22	19	41	
21.	Other Circulatory Diseases	..	..	..	3	4	7	
	Total Group D	..	..	..	47	39	86	4.8
<b>Group E—Respiratory Diseases (other than Tuberculosis)</b>								
22.	Influenza	..	..	..	4	2	6	
23.	Pneumonia	..	..	..	2	1	3	
24.	Bronchitis	..	..	..	4	3	7	
25.	Other Disease of Respiratory System	..	..	..	0	1	1	
	Total Group E	..	..	..	10	7	17	0.96

					Male	Female	Total	Rate per 1,000
<b>Group F—(Miscellaneous)</b>								
26.	Ulcer of Stomach and Duodenum	..	..		2	0	2	
27.	Gastritis, Enteritis and Diarrhoea	..	..		0	1	1	
28.	Nephritis and Nephrosis	..	..		2	1	3	
29.	Hyperplasia of prostate	..	..		2	0	1	
30.	Pregnancy, Childbirth, Abortion	..	..		0	1	2	
31.	Congenital Malformations	..	..		1	1	2	
32.	Other Defined and Ill-Defined Diseases	..	..		9	11	20	
Total Group F					16	15	31	1.7
<b>Group G—Accidents and Violence</b>								
33.	Motor Vehicle Accidents	..	..	..	0	0	0	
34.	All other accidents	..	..	..	2	0	2	
35.	Suicide	..	..	..	1	1	2	
36.	Homicide and operations of war	..	..	..	1	0	1	
Total Group G					4	1	5	0.28
37.	All Causes	..	..	..	89	76	165	9.3

#### COMMENT ON TABLE V

It will be noted that the only deaths attributable directly to infectious or communicable diseases were due to Lung Tuberculosis (2), Influenza (6) and Pneumonia (3), all diseases wholly or partly affecting the breathing organs.

*Deaths due to Cancer and related malignant disease.*—The death rate from Cancer and related malignant disease, amounting to 1.2 per 1,000, appears moderate in view of the elderly age distribution of the population which is indicated by the Registrar General's "Comparability Factor" of 0.83. Cancer of the stomach was the principal single contributor to this rate, with five deaths, and cancer of the lungs or bronchus next, with three deaths.

As mentioned previously, the *death rate from diseases of the heart and circulatory system* is the highest for any particular group of diseases, amounting to 4.8 per 1,000.

No deaths occurred, among people normally resident in the District, from *motor vehicle accidents*, and the total death rate from *accidents, suicide and violence* amounted to only 0.28 per 1,000.

#### Further pointers regarding the health of the community

Although study of mortality figures and trends, from infant mortality onwards, provides some measure of the state of public health of a community, which has a sound basis because the figures are based on relatively precise information, namely the particulars given of registrations of deaths, and the medical certificates of causes of death, yet the measure is only a very roundabout or negative way of finding an index of the health of the living population. Even particulars of non-fatal disease incidence, while a less negative measure, still operate as only an inverse index. Moreover, details of only comparatively few diseases, and these of a communicable nature, are available to the Medical Officers of Health of Rural districts. These are the "notifiable" diseases.

In County Boroughs and County Councils, or for the Country as a whole, other statistics are available. Among these are the statistics of child health obtained in the School Health Service, a valuable pointer of community health, and returns of hospital treatment of school children sent by hospitals to Principal School Medical Officers. Weekly figures of sickness claims, furnished by local officers of the Ministry of Pensions and National Insurance are also good "pointers." Such figures are available from the Salisbury office of the Ministry, but they will be inclusive ones for Salisbury City and the neighbouring areas, besides the Salisbury and Wilton Rural District.

Particulars of the "Notifiable Diseases" which were actually notified in 1953 are set out in Table VI.



TABLE VI

## “ Notifiable ” Diseases Notified during the year

						<i>Sub</i>	<i>Total</i> <i>(main disease)</i>	<i>Group</i> <i>Total</i>
1.	Tuberculosis—	(a)	Respiratory	..	..	10		
	„	(b)	Meninges and nervous system	..	..	0		
	„	(c)	Other Forms	..	..	6		
	„	(d)	Total	..	..	—	16	16
2.	<b>Other Respiratory Notifiable Diseases</b>							
	(a)	Whooping Cough	..	..	..			49
	(b)	Pneumonia, Acute	..	..	..			8
3.	Diphtheria	..	..	..	..			0
4.	<b>Virus Diseases of Nervous System</b>							
	(a)	Poliomyelitis—Paralytic	..	..	..	3		
	(b)	„ Non-Paralytic	..	..	..	1		
	(c)	„ Total	..	..	..		4	
	(d)	Encephalitis—Infective	..	..	..	0		
	(e)	„ Post-Infectious	..	..	..	0		
	(f)	„ Total	..	..	..		0	
	(g)	Meningoccal Infection	..	..	..		0	4
5.	<b>Other Notifiable Virus Diseases</b>							
	(a)	Measles (excluding Rubella)	..	..	..		334	
	(b)	Smallpox	..	..	..		0	
	(c)	Total	..	..	..			334
6.	<b>Alimentary Infections or Poisons</b>							
	(a)	Dysentery—Bacterial	..	..	..	2		
	(b)	„ Other	..	..	..	0		
	(c)	„ Total	..	..	..		2	
	(d)	Typhoid Fever	..	..	..		0	
	(e)	Paratyphoid Fevers	..	..	..		0	
	(f)	Food poisoning	..	..	..		4	
	(g)	Total	..	..	..			6
7.	<b>Streptococcal Group</b>							
	(a)	Scarlet Fever	..	..	..		13	
	(b)	Erysipelas	..	..	..		0	
	(c)	Total	..	..	..			13
8.	<b>Miscellaneous Groups</b>							
	(a)	Puerperal pyrexia	..	..	..		1	
	(b)	Ophthalmia Neonatorum	..	..	..		0	
	(c)	Other Notifiable Diseases	..	..	..		0	
	(d)	Total	..	..	..			1
9.	<b>All “ Notifiable ” Diseases—Total</b>							
			..	..	..			431

**Footnote**

It is important to note that certain common infectious diseases such as influenza and mumps are not generally “ Notifiable ” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are “ notifiable ” and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a Doctor called to attend them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of cases of whooping cough, for example, may occur but not be notified.

## Comment

Apart from the 334 notified cases of measles, there was nothing unusual or particularly alarming in the years figures for notified communicable diseases. Measles tends to occur in waves at about two year intervals and 1953 included a measles wave crest. In 1952 there were only 192 notified cases. There were three cases of paralytic and one of non-paralytic poliomyelitis as compared with two paralytic and one non-paralytic last year.

Whooping cough (49 cases) was twice as prevalent as in 1952. Immunisation against this disease has hardly got under way, in this Country, yet.

**Tuberculosis**—Of the sixteen cases of tuberculosis notified during the year, ten were of lung tuberculosis, a notification rate of approximately 0.6 pulmonary cases per 1,000 population as compared with the death rate from pulmonary tuberculosis of 0.11 per 1,000.

**Food Poisoning**—All the four cases of food poisoning were notified from Odstock Hospital, but there is no record now available at the time of writing (November 1954) to indicate the causal organism, or whether they were of the “infection” type or “toxin” type.

## PREVENTION OF COMMUNICABLE DISEASES

A more direct index of health, or protection of individuals against disease, is a measure of the extent to which people are immunised against communicable diseases. At present it is possible to immunize people artificially by injections of toxoids or vaccines, or by inoculations of virus, against quite a number of communicable diseases, such as diphtheria, smallpox, whooping cough, tetanus, typhoid and paratyphoid fevers, yellow fever and cholera. The last disease, incidentally was quite common in this country a century ago, indeed in 1854 there was a substantial epidemic of cholera. Research is progressing, with some hopeful expectations, on immunisation against influenza and poliomyelitis viruses. A certain degree of resistance is also believed to be generated against tuberculosis, by “BGG” inoculation of people who have never previously been infected with tuberculosis.

The longest established, and so far, most proven successful and lasting immunisations, are those against diphtheria and smallpox, and for both of these the Wiltshire County Council as Local Health Authority operates in this area a scheme, under the National Health Service, mainly for babies, pre school and school children, but available for all ages. Smallpox immunisations (so called “vaccinations”) are done by the family Doctors, for the County Council, and diphtheria protection is provided either by the family Doctors, or by the County Council’s Medical Officers at Infant Welfare Centres, or at specially arranged immunisation clinics, often held at schools.

Whooping cough protection, which unlike smallpox, is truly a “vaccination” (since a vaccine is used for injection) while that for smallpox is the living virus of cowpox), is available in this area at present only through arrangements with the family doctors. It is widely practised in some other parts of the world however, and if started at two to three months old, combined with diphtheria protection or separately, gives babies a considerable degree of protection during the vulnerable second six months of infancy and next few years of life.

After these years, if whooping cough is contracted, it is a much less serious disease and the “reinforcement” immunisations necessary for diphtheria and desirable for smallpox, at appropriate intervals, are hardly worthwhile for whooping cough protection, the great value of which is during an infant’s early life.

In this area or in the country generally (with possibly one or two excepting areas), all the immunisations for diphtheria, smallpox, etc., are carried out by Doctors, the practice of also employing “Public Health Nurses” (health visitors and specially experienced nurses) for this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures relating to immunisation work carried out in 1953 against diphtheria and against smallpox, in the Salisbury and Wilton Rural District :

TABLE VII—IMMUNISATION STATISTICS

## DIPHTHERIA

AGE GROUP	Under 1	1	2	3	4	5—9	10—14	Total under 15
Primary immuni- sations completed during 1953 ..	75	87	10	6	7	13	8	206
Reinforcement in- jections adminis- tered during 1953	—	—	—	3	12	203	172	400
Total immunised child population at 31st Dec., 1953	15	141	213	185	212	188* 1066†	438* 848†	3306

\*=Immunised before 31.12.48 and not since. †=Immunised after 1.1.49.

## SMALLPOX

AGE GROUP	Under 1	1	2—4	5—14	15 or over
“ Vaccinations ” ..	138	3	4	6	14
“ Re-vaccinations ” ..	—	—	3	11	40

## Comments

The population of the Rural District is approximately 17,790. The precise number of children in the district aged 0—14 years old (under 15) is not known, but the school population can be estimated by taking between one seventh and one ninth of the total population, according to the “ age ” of the population. The Registrar General’s “ comparability factors ” estimate that the population of the Rural District is a little on the elderly side, but if one takes a figure of one eighth, a fair approximation is likely. This works out at 2,200 children aged 5—14 (under 15). Adding another 1,100 as the estimate for children aged 0—5, we obtain an estimated total population under the age of 15 of 3,300.

The figures in Table VII indicate that a total of 3,306 children under the age of 15 were, or had at some time been, immunised against diphtheria. At first sight this appears very satisfactory indeed, but the great majority were done during school age, only 766 children being protected before they were five years old. Of these, only 15 were protected before they were one year old and only 141 aged 1—2 were protected.

It is clear therefore, that propaganda and encouragement is needed for parents to start getting their children immunised at an earlier age. If combined diphtheria and whooping cough (with or without tetanus) protection is more extensively practised here in future, the diphtheria protection is likely to cover more of the younger babies and toddlers, since whooping cough protections, which soon become popular when available, must, to be of full value, be started when a baby is only two or three months old.

Concerning smallpox, the figures relate to inoculations done during the year, at various ages, there being no figure of “ total immunised population ” available, as in the case of the diphtheria part of Table IV. But if, according to estimated calculations, there are about 220 children in each annual age group, only a little over half the babies under one year were protected, after which only a tiny fraction of other children in each annual age group up to 14, and among people of 15 years and older, were protected.

In these days when smallpox can so much more easily be imported into this country than previously (because the speed of air travel allows people infected with smallpox abroad to keep well on the journey and develop the disease after arrival in this country, instead of on a ship), the very low level of protection of the local population against smallpox is disturbing.



## PERSONAL PUBLIC HEALTH SERVICES AND HEALTH

Apart from the general medical, dental, and hospital and specialist services of the National Health Service, the "personal" public health services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Maternity and Child Welfare Clinics, The School Health Service and its specialised appendages such as Child Guidance and the Speech Therapy Services, the Mental Health Service, and the "Care-and-after-care" service, which is largely concerned with tuberculous people, their families and contacts.

During 1953 your Medical Officer of Health was not associated with these services, but under arrangements since made, he will spend nearly half his time on this work, principally concerning the Maternity and Child Welfare Clinics, the School Health Service, and in conducting Immunisation Clinics.

As previously mentioned, the statistics obtained from analysing the findings of the *Periodical* medical examination of school children can provide one of the most valuable means of assessing the health of a large proportion of the population of an area. There is no comparable, or as large a system of regular medical examination of whole sections of a population; the nearest approach being the examination of entrants into National Service. For information concerning the School Health Service and the Health of School children, reference should be made to the Annual Report of the Principal School Medical Officer of Wiltshire, who is the County Medical Officer of Health.

### Handicapped Children

The care, and special educational needs of handicapped children also come under the School Health Service.

The hygiene of School premises, as of any other buildings not excluded by legislation (such as railway stations), however, also concerns the Rural District Council, and schools may therefore be inspected by the Council's Medical Officer of Health or Sanitary Inspectors.

### Handicapped Adults

The welfare of handicapped adults (the blind, deaf, epileptic, crippled, ~~mentally-handicapped~~ and those handicapped by old age), is the concern of the Welfare Authority under the National Assistance Act 1948, namely the Wiltshire County Council, but occasionally the Rural District Council may require to take action under Section 47 of the Act regarding old people in need of care and attention which they are unable to provide for themselves, and are not receiving from relations or other people.

Where action to help such old people is required, and the person concerned is either unable or unwilling to seek "care and attention" voluntarily, the Medical Officer of Health can issue a certificate, which enables the Rural District Council to apply for an Order from a Court for the removal of the person to a place where the necessary care can be given. No official action under Section 47 had to be taken during the year. Some old people however, were persuaded to seek care and attention, or hospital care, voluntarily.

## ENVIRONMENTAL PUBLIC HEALTH AND FOOD HYGIENE

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably not wasteful) disposal of body wastes (drainage, sewerage, etc.), refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of your Chief Sanitary Inspector, Mr. J. A. Furley, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

## **HOUSING**

Probably no other single environmental influence, within the limits of climate and type of country (e.g. agricultural as opposed to metropolitan or industrial areas) is as important to mental and physical health as good housing. In his reports to you in recent years, Dr. Napier had frequently referred to housing needs, including the special needs of old people, and in 1952 he reported on good progress made in re-housing people living under bad conditions.

During 1953 Mr. Furley's report indicates much further progress, and the special needs of old people are being kept in mind by the provision of a proportion of single floor houses and very small houses, or flats. Improvements to houses, aided by grants under the Housing Act 1949, were also speeding up, 37 applications for grant aid being received, (as compared with only one in 1952) and twelve approved.

Private building, and purchase of existing houses for occupation, aided by loans from the Council, also continued to progress during the year.

## **WATER SUPPLIES**

Good, piped water supplies now serve eighteen parishes. Most of these eighteen are provided by the Rural District Council directly, the remainder either by a private company or by water brought by the Rural District Council from the Wilton Borough or Salisbury City supplies. These parishes have piped supplies which are limited in availability, and at the end of the year ten parishes had no public piped supplies and were badly in need of such.

## **DRAINAGE AND SEWERAGE**

Most of the houses in the Rural District that have water-carried drainage have septic tanks or cesspits. These are satisfactory in most parts, but at Fovant, Downton, parts of Redlynch, Berwick St. James and Barford St. Martin, there is urgent need of a sewerage system, with proper sewage disposal plant. Perhaps the most urgent need is at Fovant and Downton, for at Fovant the large water cress beds, which in common with other cress beds in the Rural District, send supplies of delightful and exceedingly healthy green salad food all over England and to South Scotland are situated in the village, close to houses, and if these had water closets draining to septic tanks, the water cress beds would be in constant danger of pollution with the organisms of bowel born disease. Consequently, these houses must wait for the arrival of a sewerage system before they can be relieved of the hardship of dry-conservancy sanitation, the "night-soil" being borne away twice weekly.

At Downton the risk of flooding, from the Avon, adds to the inconvenience, and potential danger, of cesspits; also of septic tanks that, in times of high ground water level, cannot discharge their effluent properly, so overflow instead.



**SALISBURY AND WILTON RURAL DISTRICT COUNCIL**  
**ANNUAL REPORT OF THE SANITARY INSPECTOR**  
**FOR THE YEAR 1953**

Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report of the work carried out by the Public Health Department of the Council for the year 1953

J. A. FURLEY,  
*Chief Sanitary Inspector*

**SANITARY INSPECTIONS OF THE AREA**

**Public Health Act 1936 and General Sanitation**

Number of Inspections	re Water Supply	..	..	..	..	..	..	40
"	"	"	re Drainage	..	..	..	..	164
"	"	"	re Moveable Dwellings	..	..	..	..	75
"	"	"	under Factories Act	..	..	..	..	29
"	"	"	re Infectious Diseases	..	..	..	..	20
"	"	"	re Verminous or filthy premises	..	..	..	..	18
"	"	"	re Miscellaneous Complaints	..	..	..	..	120
"	"	"	to take Water Samples	..	..	..	..	122
"	"	"	re Aged and Infirm Persons	..	..	..	..	9

**Housing**

Number of Inspections and Visits under Housing Act 1936						..	..	..	..	133
" " " " " under Housing Act 1949/1952						..	..	..	..	123

**Meat and Food Inspection**

Number of Visits	to Slaughterhouses approx.	..	..	..	..	..	542
"	"	"	to Shops and Premises	..	..	..	22
"	"	"	to Dairies	..	..	..	15
"	"	"	re Ice Cream	..	..	..	4
"	"	"	to Cafes	..	..	..	6
"	"	"	re Water Cress	..	..	..	2

**HOUSING**

During the year the Council's Housing Programme continued to gather momentum and resulted, in addition to the normal Housing allocation, the complete re-housing of the occupants of the Huttet Camps at Shute End, Millersford and Quidhampton. The continued progress with new housing also made it possible to commence operations under the Housing Act 1936 with regard to unfit dwellings.

The Housing Acts 1949 and 1952 which enable owners to re-condition and improve their property with the aid of Grants given by the Council, continued to interest many owners and much work under these Acts was undertaken during the year. The number of grants approved bears little relation to the amount of work involved in the preliminary inspection of houses and the vetting of applications made under these Acts. Even at this early stage the wisdom of re-conditioning a house rather than let it fall into disrepair—often resulting in eventual demolition—is already apparent and many houses are being given new leases of life.

The following summary shows the action taken under the Housing Acts and Public Health Acts during the year :—

1	<b>Number of New Houses erected during the year</b>							
	(a) By the Local Authority	..	..	..	..	..	..	104
	(b) By Private Enterprise	..	..	..	..	..	..	52
2	(a) <b>Number of Houses Inspected under the Public Health Acts</b>	..	..	..	..	..	..	40
	(b) <b>Number of Houses Inspected under the Housing Acts</b>	..	..	..	..	..	..	70
	(c) Number of Houses found so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	..	..	14
	(d) Number of dwellings found not to be fit in all respects for human habitation	..	..	..	..	..	..	58
	(e) Number of dwellings rendered fit in consequence of Informal Action	..	..	..	..	..	..	45

### 3 Proceedings Under Section 11 Housing Act 1936

(a) Number of Demolition Orders made .. .. .	8
(b) Number of Houses demolished as a result of Demolition Orders .. .. .	1
(c) Number of Undertakings Accepted .. .. .	3
(d) Total number of Houses Closed in pursuance of an undertaking given by the owners and still in force. . . . .	11

### 4 Section 20 of the Housing Act 1949

(a) Number of houses for which application was received for Grant Aid during the year ..	37
(b) Number of Houses for which grants were approved .. .. .	12
(c) Number of Houses for which grants were rejected .. .. .	23
(d) Number of applications for Grant Aid still under consideration .. .. .	1
(e) Number of applications for Grant Aid withdrawn .. .. .	1

### Public Health Acts

### NUISANCES

Number of Statutory Notices served during the year .. .. .	4
Number of Statutory Notices complied with .. .. .	4

### RODENT CONTROL

Systematic surveys and investigation of all complaints have been conscientiously dealt with during the past year by the Rodent Operator under the supervision of this Department, and the following table briefly summarises the work carried out :

	<i>Domestic</i>	<i>General Business</i>	<i>Farm</i>	<i>Licensed</i>
Number of Properties Surveyed ..	527	42	78	10
Treatments Carried Out .. .. .	134	13	3	1

### WATER SUPPLY

The present position regarding water supply is as follows :

1 The following Parishes are provided with a piped water supply at adequate pressure and quantity and can be considered satisfactory from a Public Health point of view

<i>Parish</i>	<i>No. of samples taken</i>	<i>No. satisfactory</i>	<i>Remarks</i>	<i>Estimated population</i>
Downton	4	4	In the Statutory area of the West Hants. Water Company Limited.	1861
Redlynch				2097
Landford				484
Wylve	6	6	Supplied by the Rural District Council from the Wylve Pumping Station	322
Steeple Langford				485
Fovant and parts of Dinton	5	5	Supplied by the Rural District Council from the Fovant Pumping Station. Remainder of Dinton supplied by water in pipes from Manor Farm Supply.	420
Whiteparish	4	4	Supplied from Gatmore Pumping Station by the Rural District Council.	444
Pitton	11	11	Supplied by the Rural District Council from the Pumping Station at Pitton.	856
Farley and East Grimstead	4	4	Supplied by the Rural District Council from Farley Pumping Station.	200
Britford	4	4	Supplied by the Rural District Council from a bulk supply from Salisbury City.	210
(parts of) Quidhampton	4	4	Supplied by the Rural District Council from a bulk supply obtained from Wilton Borough.	70
Netherhampton				100
Ebbesbourne Wake	8	4	Supplied by the Rural District Council's mains from Manor Farm source.	477
Winterslow	6	5	Supplied by the Winterslow Water Society—A private Society formed by the local residents for the purpose of making a piped water supply available.	187
Laverstock (parts of)			Since the end of the year mains to supply the whole of Laverstock have been laid.	199
Berwick St. James	4	4	Piped supply from Manor Farm Private supply.	886
Stratford-sub-Castle			Supply by mains from bulk supply.	910

2. Details as to present water supplies in the remaining Parishes are set out as follows :

### Alderbury, Odstock and West Grimstead

The whole of these parishes are at present served by mains from the Longford Estate with the exception of the outlying areas and a few other properties in the villages (including the Council's Housing Estate at Alderbury) are not connected to the main. The Estate's policy for a number of years has been to refuse all applications for a connection and so bringing all further development in these areas to a standstill. The Council's own Estate at Alderbury is supplied by a borehole 450 ft. deep and yielding only 500 gallons per hour. Further the Estate pumps are inadequate to maintain the supply in summer resulting in the outlying properties being frequently without water.

Four samples have been taken and four samples satisfactory.

### West Dean

Supplied with water in mains from the Norman Court Estate.

One sample taken and one sample satisfactory.

The following Parishes have no public supply available and a proper system of piped water supply is badly needed, the quality of the water being very suspect at all times.

<i>Parish</i>	<i>No. of samples taken</i>	<i>No. satisfactory</i>	<i>Remarks</i>
Barford St. Martin	2	—	No piped water supply available.
Bishopstone	7	3	
Bowerchalke	3	1	
Broadchalke			
Burcombe	3	1	Samples here show an increasing degree of pollution.
Compton Chamberlayne	2	—	
Coombe Bissett	21	7	
South Newton	19	9	
Wishford	13	5	
Stapleford			

In all the parishes which have a main supply, the service is to the houses direct.—No villages are supplied by stand-pipes.

### BACTERIOLOGICAL ANALYSIS OF WATER

(a) Number of samples taken of raw, untreated water supplies	..	..	156
(b) Number of samples taken of treated water supplies	..	..	35
			<hr/> 191

### Analysis of Reports

(a) RAW, UNTREATED WATERS							
Number entirely satisfactory	..	..	..	..	..	78	
Number satisfactory with precautions	..	..	..	..	..	28	
Number unsatisfactory	..	..	..	..	..	50	
						<hr/>	156
(b) TREATED WATER SUPPLIES							
Number entirely satisfactory	..	..	..	..	..	35	
Number unsatisfactory	..	..	..	..	..	Nil	
						<hr/>	35
							<hr/> 191



## CHEMICAL ANALYSIS OF WATER

Eleven samples were taken for Chemical Analysis and all of these proved to be satisfactory.

## SEWERAGE AND SEWAGE DISPOSAL

Quidhampton still remains the only Village with a water borne sewer, this system discharges into the sewers of the adjoining Local Authority who accept and treat the effluent at their works.

The portion of the Village of Laverstock being developed as a private housing estate by a local Firm of Builders is provided with a foul water sewer. This has been provided by the Estate Developers and flows under the River Bourne by means of a syphon, joining the main sewer of Salisbury City Council inside the City boundary. The sewage is accepted by the City Council by agreement with this Council.

The remainder of the district is served by septic tanks and Cesspools excepting the new Housing Estates built by the Council, these all being provided with proper sewage disposal works.

The most urgent need exists for proper sewers and sewage disposal facilities in the parishes of Downton and parts of Redlynch, Berwick St. James, Fovant and Barford St. Martin.

Submission of schemes to the Ministry of Housing and Local Government in respect of Downton and Redlynch and Berwick St. James has now taken place and it is to be hoped that sanction for these schemes will not be long delayed in view of the public nuisances and the damage that arises from the lack of proper facilities in these areas.

Outline schemes in respect of Fovant, Barford St. Martin and Laverstock are now under consideration by the Council and the Wilts County Council pending submission to the Ministry of Housing and Local Government.

## REFUSE COLLECTION AND DISPOSAL

The Council's refuse collection and disposal was carried out regularly and satisfactorily during the year. The collection being weekly in the parishes of Quidhampton and Laverstock and fortnightly in the remaining parishes.

## INSPECTION AND SUPERVISION OF FOOD

### Meat Inspection

During the year attendance at the Ministry of Food Slaughterhouse at Stratford-sub-Castle and at the Bacon Factory at Downton made an increasing number of calls upon the time spent by the Officers at these Establishments for meat inspection and I set out below the total number of animals killed and inspected which represents a considerable increase over the comparable figures for the previous year.

### Carcases Inspected and Condemned—For the Year Ended 1953

			<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number Killed (if known)	..	..	1,476	2,498	12,637	11,725	42,274
Number Inspected	..	..	1,476	2,498	12,637	11,725	42,274
All Diseases except Tuberculosis—	..						
Whole carcases condemned	..		7	21	91	52	84
Carcases of which some part or organ was condemned	..	..	611	1,339	66	517	1,029
Tuberculosis Only—							
Whole carcases condemned	..		8	45	7	—	34
Carcases of which some part or organ was condemned	..	..	53	292	—	—	1,285

## Milk Supply

The milk supply throughout the district has been satisfactory. Most of the milk sold is pasteurised. The following are the numbers of various Licences issued by the Rural District Council :

Premises used as Dairies .. .. .	6
Persons Registered as Distributors of Raw Milk ..	3
Persons Registered as Distributors of Designated Raw Milk	4
Persons Registered as Distributors of Pasteurised Milk ..	8

## Food Preparing Premises

The inspection of food premises has been carried out during the year and I am pleased to say that the general standard is satisfactory. A few minor contraventions were noticed and dealt with informally.

## Number of Premises Registered under Section 14—Food and Drugs Act, 1938

(a) Premises Registered for sale of Ice Cream .. .. .	41
(b) Premises Registered for the manufacture of Sausages, etc. .. .. .	6

## Slaughter of Animals Act, 1933

Thirty Slaughtermen were licensed during the year under the above Act.

## FACTORIES

### Factories Acts, 1937 and 1948

## INSPECTIONS

<i>Premises</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Number of Written Notices</i>	<i>Occupiers prosecuted</i>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	6	2	nil	nil
Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	72	27	1	nil
Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	nil	nil	nil	nil
Total .. .. .	78	29	1	nil

## CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
Sanitary Conveniences (S.7)—					
(A) Insufficient .. .. .					
(B) Unsuitable or defective	3	3		1	
(C) Not separate for sexes ..					
Total .. .. .	3	3		1	

## OUTWORKERS

### Section 110, Factories Act 1937

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 110 (1) (c) (3)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel :			
Making etc., Cleaning and Washing	22	nil	nil
Total .. .. .	22	nil	nil





